

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CK</i>	<i>12</i>	<i>9/2</i>
O.I.P.E. CLASSIFIER	<i>SE</i>	<i>7/53/</i>	<i>9/7</i>
FORMALITY REVIEW		<i>7/53/</i>	<i>10/30/00</i>
RESPONSE FORMALITY REVIEW			<i>1.02.01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/14/01
2	12/14/01
3	12/14/01
4	12/14/01
5	12/14/01
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8	12/14/01
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47	12/14/01
48	12/14/01
49	12/14/01
50	12/14/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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